5. Department of Labor se of Labor-Management i Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

52/3	01 / 01 / 2004 Through: 12/3/ /2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name DAVID C. GARRIS SE.	Name T.C.U. /CARMEN DIVISION LONGE			
	Labor Organization File Number 051-177			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 801 CENTREVILLE AVE.	Street 9 Philecla			
City Belleville	City Suansea			
State ZIP Code + 4 62220 -2307	State ZIP Code + 4 6 222 6			
5. Position in labor organization. Chair man Local Profe Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the excite				
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
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Street City State ZIP Code + 4	iture Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing	File Number U-	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vs substantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or Idirectly to, or otherwise		
8. Name and address of Business (Including trade name, if any). Name C. MARSHALL FRIEDMAN Trade Name, if any: ATTORNEY AT LAW P.O. Box, Bldg., Room No., if any Thirtseath Floor Street 1010 MARKET STREET City ST. Lowis State Missouri ZiP Code + 4 6 3/01	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. (A) BASE BALL TICKETS - 136 (D) HOLIDAY SIFT - 50 (2) FOOT BALL TICKETS \$ 140 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
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